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# UTILITY PATENT APPLICATION TRANSMITTAL

*(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))*

Attorney Docket No. M 6691 HST-CCAE-COILFirst Inventor or Application Identifier Cuyler, Brian B.Title DRY-IN-PLACE ZINC PHOSPHATING COMPOSITIONS AND PROCESSES THAT PRODUCE PHOSPHATE CONVERSION COATINGS WITH IMPROVED ADHESION TO SUBSEQUENTLY APPLIED PAINT, SEALANTS, AND OTHER ELASTOMERSExpress Mail Label No. EL246263919US

<b>APPLICATION ELEMENTS</b>  See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 28] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration <u>UNEXECUTED</u> [Total Pages 3]           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p>	<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> </p>
<b>ACCOMPANYING APPLICATION PARTS</b>	
<p>7. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input type="checkbox"/> *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (If foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other.</p>	

\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment

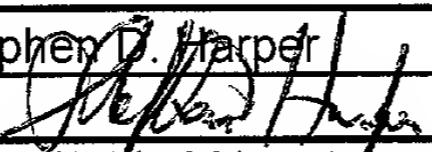
 Continuation    Divisional    Continuation-in-part (CIP)

of prior application No \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label <u>00423</u> <small>(Insert Customer No. or Attach bar code label here.)</small>		or <input checked="" type="checkbox"/> Customer address below			
Name	Stephen D. Harper Henkel Corporation				
	Law Department 2500 Renaissance Blvd., Suite 200				
City	Gulph Mills	State	PA	Zip Code	19406
Country	US	Telephone	610-278-4927		Fax
Name (Print/Type)		Stephen D. Harper		Registration No. (Attorney/Agent) <u>33,243</u>	
Signature				Date <u>January 23, 2001</u>	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 CFR §§ 1.27 and 1.28

**TOTAL AMOUNT OF PAYMENT (\$)** **710.00****Complete if Known**

Application Number	
Filing Date	
First Named Inventor	Cuyler, Brian B.
Examiner Name	
Group/Art Unit	
Attorney Docket No.	M 6691 HST-CCAE-COIL

<b>METHOD OF PAYMENT (check one)</b>				<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																																																							
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <b>01-1250 Order No. 01-0071</b></p> <p>Deposit Account Name <b>Henkel Corporation</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p>				<p><b>3. 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<b>SUBMITTED BY</b>			<b>Complete (if applicable)</b>		
Name (Print/Type)	Stephen D. Harper	<i>[Signature]</i>	Registration No (Attorney/Agent)	33,243	Telephone 248-589-4672
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